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**\*BIBDATASHEET\***

**CONFIRMATION NO. 7566**

Bib Data Sheet

|                             |  |              |                        |                                     |
|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/645,326 | FILING OR 371(c)<br>DATE<br>08/21/2003<br>RULE | CLASS<br>607 | GROUP ART UNIT<br>3762 | ATTORNEY<br>DOCKET NO.<br>8707-2161 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 02 10458 08/21/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/14/2003

|                                 |   |              |                    |
|---------------------------------|---|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  |              |                    |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |              |                    |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |              |                    |
| STATE OR COUNTRY                | SHEETS DRAWING  | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| FRANCE                          | 3   | 27           | 3                  |

**ADDRESS**

34313

**TITLE**

Adjustment of the atrial sensitivity in an active implantable medical device such as cardiac pacemaker

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1026 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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